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HIGHLIGHTS of the Centers for Disease Control and Prevention's (CDC) "Guidelines for Infection Control in Dental Health-Care Settings - 2003"

Recent outbreaks and investigations of non-hospital health care-associated infections have underscored the need to define and reinforce infection control practices within health care settings. Unsafe infection control practices may result in transmission of bloodborne viruses and other microbial pathogens to patients and staff during routine care. The New Jersey Department of Health and Senior Services (NJDHSS) supports the recommendations outlined by the CDC in the December 19, 2003 edition of Morbidity and Mortality Weekly Report, "Guidelines for Infection Control in Dental Health-Care Settings – 2003." This guidance applies to all paid or unpaid dental health care personnel (DHCP) who might be occupationally exposed to blood and body fluids by direct contact or through contact with contaminated supplies, equipment, environmental surfaces, water, or air. The recommendations apply to all settings in which dental treatment is provided. NJDHSS would like to highlight some of the guidelines contained within the CDC document.

Personnel Health Elements of an Infection-Control Program

Policies and Procedures

- Develop a written health program for DHCP that includes:
  - Education and training;
  - Immunizations;
  - Exposure prevention and management;
  - Medical conditions;
  - Work-related illness and restrictions;
  - Contact dermatitis and latex hypersensitivity;
  - Maintenance of records, data management, and confidentiality.
- Establish written referral arrangements with qualified health care professionals to ensure prompt and appropriate provision of preventive services, occupationally related medical services and post-exposure management with medical follow-up.
- Ensure that all DHCP have access to all required and recommended immunizations and testing (e.g., PPD) based on the latest recommendations as well as their medical history and risk for occupational exposures.
- Ensure that DHCP have been informed of the risks of hepatitis B virus (HBV) transmission and the availability of HBV vaccine and have been offered the vaccine with post-vaccination serology. Signed declination forms should be maintained in the medical record.
- Develop a comprehensive post exposure management and medical follow-up program including policies for reporting, evaluation, counseling, treatment, and medical follow-up.
- Develop and have readily accessible to all DHCP comprehensive written policies regarding work restrictions and exclusion that include a statement of authority defining who can implement such policies.
- Develop policies and procedures for evaluation, diagnosis, and management of DHCP with suspected or known occupational contact dermatitis or latex allergy.
- Establish and maintain confidential medical records (e.g., immunization records and documentation of tests received as a result of exposure) for all DHCP.
- Ensure that the practice complies with all applicable federal, state, and local laws regarding medical recordkeeping and confidentiality.

Ensure that standard precautions are observed during all patient encounters.

Education and Training

- Provide DHCP education and training regarding occupational exposure to potentially infectious agents and infection-control procedures/protocols, appropriate for and specific to their assigned duties, at time of initial employment, when new

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tasks affect the employee's occupational exposure, and at a minimum, annually.
- Provide information appropriate in content and vocabulary to the educational level, literacy, and language of DHCP.

Preventing exposures to blood and other potentially infectious materials
- Ensure that standard precautions are observed during all patient encounters.
- Prevent injuries from contaminated sharps using:
  - Engineering controls (e.g., sharps containers, automated instrument cleaners, safety needles, non-needle sharps, and other safer medical devices), and
  - Work practices (e.g., placement of sharps containers nearest their point of use).
- Identify, evaluate and select devices with engineering safety features at least annually and as they become available on the market (e.g., safer anesthetic syringes, needleless IV systems).
- Avoid recapping needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body. Do not bend, break or remove needles before disposal.
- Use either a one-handed scoop technique or a mechanical device designed for holding a needle cap when recapping needles (e.g., between multiple injections and before removing from a non-disposable aspirating syringe).

Hand Hygiene
- Perform hand hygiene with either non-antimicrobial or antimicrobial soap and water when hands are visible dirty or contaminated with blood or other potentially infectious material. If hands are not visibly soiled, an alcohol-based hand sanitizer can be used. Follow the manufacturer's instructions. Indications for hand hygiene include: when hands are visibly soiled; after bare-handed touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions; before and after treating each patient; before donning gloves; and immediately after removing gloves.
- For oral surgical procedures, perform surgical hand antisepsis before donning sterile surgical gloves. Follow the manufacturer's instructions by using either an antimicrobial soap and water, or soap and water followed by drying hands and application of alcohol-based surgical hand-scrub product with persistent activity.
- Store liquid hand-care products in either disposable closed containers or closed containers that can be washed and dried before refilling. Do not add soap or lotion (i.e., top off) to a partially empty dispenser.
- Use hand lotions to prevent skin dryness associated with handwashing. Consider the compatibility of lotion and antiseptic products on glove integrity (see manufacturer's recommendations).
- Keep fingernails short with smooth, filed edges to allow thorough cleaning and prevent glove tears.
- Do not wear artificial fingernails or extenders when having direct contact with patients.
- Do not wear hand or nail jewelry if it makes donning gloves more difficult or compromises the fit and integrity of the glove.

Personal Protective Equipment (PPE)
- Ensure availability of appropriate PPE including surgical masks and eye protection with solid shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during splash-generating procedures.
- Change masks between patients or during patient treatment if the mask becomes wet.
- Clean with soap and water, or if visibly soiled, reusable facial protective equipment between patients.
- Wear protective clothing (e.g., reusable or disposable gown, laboratory coat or uniform) that covers personal clothing and skin likely to be soiled with blood, saliva or other potentially infectious material.
- Wear gloves when a potential exists for contact with blood, saliva, mucous membranes, or other potentially infectious material.
- Wear a new pair of gloves for each patient, remove them promptly after use, and wash hands immediately to avoid transfer of microorganisms to other patients or the environment.
- Remove gloves that are torn, cut, or punctured as soon as feasible and wash hands before regloving.
- Do not wash sterile or non-sterile gloves before use or wash, disinfect, or sterilize gloves for reuse.
- Remove barrier protection, including gloves, mask, eyewear, and gown before departing work area (e.g., dental patient care, instrument processing, or laboratory areas).

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Sterilization and Disinfection of Patient-Care Items

- Use only FDA-cleared medical devices for sterilization and follow manufacturer's instructions for correct use.
- Clean and heat-sterilize critical items before each use.
- Clean and heat-sterilize semicritical items before each use.
- Allow packages to dry in the sterilizer before they are handled to avoid contamination.
- Use of heat-stable semicritical alternatives is encouraged.
- Reprocess heat-sensitive critical and semicritical instruments using FDA-cleared low-temperature sterilization methods (e.g., ethylene oxide). Follow manufacturer's instructions for use of chemical sterilants/high-level disinfectants.
- Single-use, disposable instruments are to be used only once and disposed of correctly (e.g., according to manufacturer and regulatory guidelines).

Aseptic Technique for Medication and Sterile Solutions

- Perform hand hygiene prior to accessing supplies, handling vials and intravenous solutions, and preparing or administering medications.
- Use aseptic technique in all aspects of parenteral medication administration, medication vial use, and injections.
- Store and prepare medications and supplies in a clean area on a dedicated clean surface. Do not store medication in the immediate patient-care environment or store medications in an area where blood or other clinical specimens are processed (e.g., in a laboratory area).
- Never store needles and syringes outside their sterile packaging. Remove needles and syringes from sterile wrappers at the point of care just prior to use.
- Never attempt to sterilize or reuse a single-use syringe for more than one patient, even if the syringe is only used for irrigation (e.g., irrigation during endodontic procedures).
- Never use bags or bottles of intravenous solution as a common source of fluid for multiple patients.
- Never use fluid infusion and administration sets (e.g., intravenous bags, tubing, connectors) for more than one patient. Dispose of all items immediately after use.
- Begin/initiate administration of all spiked intravenous solutions (intravenous bag/bottle entered by the tubing spike) within one hour of preparation. If administration is not begun within one hour of spiking, the intravenous solution and tubing should be discarded. For unspiked intravenous solutions, follow the recommended expiration date of the manufacturer or preparing pharmacy.
- Draw medication from a vial into a syringe at the time of intended use. Administer medication drawn into a syringe within one hour of preparation. Medication not administered within one hour should be discarded unless the manufacturer's or pharmacy's instructions permit otherwise.
- Disinfect intravenous ports and medication-vial septums using friction and 70% alcohol or other approved antiseptic agent. Disinfect skin prior to invasive procedures (e.g., indwelling catheter access) according to facility-established protocol using appropriate antiseptic agents. Allow the antiseptic to dry prior to accessing the port or performing the procedure. Do not touch the site with non-sterile gloves or wipe the site with non-sterile gauze after applying the antiseptic agent.
- Use single-dose vials or containers whenever possible. If a multi-dose vial must be used, it should be used for only one patient and then discarded. Each entry into the multi-dose vial must be with a new, unused sterile needle and syringe even if the vial is dedicated to a single patient.
- Never use a single-dose vial or ampule for multiple patients. Never combine leftover medication for

Never attempt to sterilize or reuse a single-use syringe for more than one patient, even if the syringe is only used for irrigation (e.g., irrigation during endodontic procedures).

Single-use, disposable instruments are to be used once and disposed of correctly.

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later use. Never transfer medication from one syringe to another.

- Never use medication in a syringe for more than one patient, even if the needle is changed between patients.
- Discard all syringes, needles and cannulae used on an individual patient or anywhere on the patient's administration set.
- Always follow the manufacturers' instructions for medication storage and use.
- Dispose of used needles immediately in an approved sharps container at the point of care. Do not recap, bend or remove needles.
- If a multi-dose vial must be used, clearly date all opened multi-dose vials to reflect the date opened and/or expiration date. Establish written policies on disposal of opened multi-dose vials. Dispose of opened multi-dose medication vials 28 days after opening, unless otherwise specified by the manufacturer, or sooner if sterility is compromised. Please note that the CDC states that unused portions of multi-dose vials of *vaccines,* stored according to the manufacturers' instructions, may be used until expired, if not contaminated or unless otherwise stated in the manufacturers' product information.
- Never store vials or syringes in clothing or pockets.
- Never leave a needle, cannula or spike device inserted into a medication-vial septum.
- Use safety devices whenever possible. Sharps with attached safety devices must be activated prior to disposal.
- Ensure routine and targeted environmental cleaning occur regularly using approved agents in accordance with manufacturers' instructions. Allow adequate contact time.